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| **上海大学继续教育学院课程替代申请审核表** | | | | | | | | | | | | | |
| 学号 |  | | 姓名 |  | | | 教学点 | | |  | | |
| 年级 |  | | 专业 |  | | | 联系方式 | | |  | | |
|  | **替代课程（已修读课程）** | | | | | **被替代课程（培养计划要求课程）** | | | | | | |
| 序号 | 课程分类 | 课程编号 | 课程名称 | | 学分 | 课程分类 | | 课程编号 | 课程名称 | | 学分 |
| 1 |  |  |  | |  |  | |  |  | |  |
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| 课程分类：公共基础课、学科基础课、专业主干课、专业选修课、任意选修课、实践环节等 | | | | | | | | | | | | |
| 申请替代理由  （可附页） | | 替代课程申请人签字：  年 月 日 | | | | | | | | | | |
| 审核人意见 | | 审核人签字(盖章):   年 月 日 | | | | | | | | | | |